

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032269

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8230

STATE FILE NUMBER

FILED AUG 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 2355 Louisiana	
3. NAME OF DECEASED (Type or print) First Middle Last Hooper E. Bennett		4. DATE OF DEATH Month Day Year August 22, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/29/1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garment Cutter		10b. KIND OF BUSINESS OR INDUSTRY Admiral Sportswear	
11a. FATHER'S NAME Dave Bennett		11b. MOTHER'S MAIDEN NAME Bessie Kirby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		17. INFORMANT Bobby R. Bennett, 3631 Botanical Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) a. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction with DUE TO (b) Arteriosclerotic heart disease 2 yrs. DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-11-51 to 8-22-62 and last saw him alive on 7-10-62		Death occurred at 2:07 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Frank A. Bailey M.D.		22b. ADDRESS 3654 So. Grand.	
22c. DATE SIGNED 8-23-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-25-62	23c. NAME OF CEMETERY OR CREMATORY Cookeville Cemetery	
23d. LOCATION (City, town, or county) Cookeville, Tenn.		23e. DATE RECD. BY LOCAL REG. AUG 23 1962	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. REGISTRAR'S SIGNATURE R. Smith M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
217
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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VS 300
Rev. 4/59
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

W W Wilkenson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.